



Utilities Service Protection Center of Delmarva, Inc.

P.O. Box 600

Greenwood, DE 19950

Attn: Jason A. Lyon, jlyon@dover.de.us



MEMBERSHIP AGREEMENT

_____ as a member of the

(Name of Utility Owner Applying for Membership)

Utilities Service Protection Center of Delmarva, Inc. (USPCD) agrees:

- (1) To be bound by USPCD'S Certificate of Incorporation and By-Laws,
- (2) To comply with the lawful actions and decisions of the Members, Board of Directors and Officers of USPCD taken or adopted in accordance with USPCD'S Certificate of Incorporation and By-Laws,
- (3) To pay for all services provided to Member by USPCD and its subcontractors, including, but not limited to, Facility locating services; and
- (4) To pay such other fees as may be assessed by USPCD in accordance with its certificate of Incorporation and By-Laws to support USPCD'S activities.

Printed Name of Applicant: _____

Mailing Address of Applicant: _____

Signature of Applicant's
Authorized Representative _____

Witness/Attest

Printed Name and Title of Applicant's Authorized Representative

Date of Signature (Applicant) _____

UTILITIES SERVICE PROTECTION CENTER OF DELMARVA, INC.

ATTEST: _____

Secretary - USPCD

BY: _____

President - USPCD

Date of Signature (USPCD) _____

NEW MEMBER DATABASE & DISTRICT CODE SET-UP FORM

MEMBER COMPANY NAME:

DISTRICT CODE NAME:

New Member - you may suggest a district code name using no more than **(5)** alpha/numeric characters.

SERVICE AREA (Check Appropriate Box):

Eastern Shore MD	Delaware

What Counties are your facilities located in? _____

TYPES OF UNDERGROUND FACILITY(S): Check all that apply.

Telephone	Cable TV	Gas	Electric	Water	Sewer	Fiber Optics	Other:
-----------	----------	-----	----------	-------	-------	--------------	--------

Note: If 'Other' please explain what the utility/facility is.

TRANSMISSION: This is the method you will receive tickets, daily district code audits, weekly 'Good Morning' messages and call center notices. If using specialized receiving software, it must be able to process all call center transmissions.

Check one:

FAX <input type="checkbox"/>	Voice Only <input type="checkbox"/>	EMAIL <input type="checkbox"/> Waiver required	FTP <input type="checkbox"/> Waiver required
------------------------------	-------------------------------------	--	--

Based on what you selected as your method of receiving call center tickets/notices, please provide:

FAX NUMBER: ()

VOICE PHONE NUMBER: ()

EMAIL ADDRESS:

FTP ADDRESS:

FTP LOGIN:

FTP PASSWORD:

TICKET CHECK POSITIVE RESPONSE METHOD – check one.

<p style="text-align: center;">Status by Web Service <input type="checkbox"/></p> <p>If you choose FTP, our Ticket Check Team will contact you for your credentials.</p>	<p style="text-align: center;">Status by Website <input type="checkbox"/></p> <p>If you choose the web application, we will email you the access code. EMAIL =</p>
---	--

NOTE: All members will be given phone access to Ticket Check (1-866-821-4226), via a 10 digit member code.

DAYTIME – District Code Contact Information

We are using a contract locating company. [] YES [] NO

*If you selected YES - the below information should be the contract locating company's information.
If you selected NO – please enter your company/member information.*

Daytime Contact Name:

Company Name:

Contact Telephone Number: ()

Fax: ()

Contact Email Address (if available):

Alternate Contact Name:

Alternate Contact Telephone Number: ()

Mailing Address:

Hours of Operations: Open Time

Close Time

Days of Week

AFTER HOURS - EMERGENCY TICKET, District Code Contact Information

The call center transmits your tickets 24/7. Some members require an additional after hour delivery of emergency tickets using an automated voice out service. If you would like to subscribe to this free service when your office is closed, please complete the below fields. *If you are using a contract locating company to respond to your after hour emergencies, please enter their information below. For more information on this voice ticket delivery method, please call 410-782-2057.*

Please check the applicable box if it applies;

[] **We do not require a secondary automated emergency ticket notification.**

[] **Yes, we want the automated notification, the below information is for our contract locating company.**

[] **Yes, we want the automated notification, the below information is my member information.**

Primary Company Name:

Primary Contact Name:

First attempt - Emergency Dispatch Telephone: ()

Second attempt - Emergency Dispatch Telephone: ()

The automated voice out service can be programmed to dial prompts or extension numbers. If your afterhour's notification requires a prompt or extension number, please provide this information.

MEMBER; CUSTOMER SERVICE TELEPHONE NUMBER(S): ()

MEMBER; DAMAGE/REPAIR TELEPHONE NUMBER(S): ()

(Pipeline Members – excavators may use this number as their damage notification to you after calling '911'.)

MEMBER OR CONTRACT LOCATOR - MARKING CONCERNS: ()

DATABASE FORM COMPLETED BY:

Company:

Name:

Contact Phone Number: ()

Email Address:

Date:

Note: If someone other than the call center member is completing this database information, the call center will obtain acceptance from the member before entering the information.

Please email this completed form to: shannon@missutility.net

If you have any questions regarding this form, please call Shannon Stultz, our Database Administrator at 410-782.2057 or email to, shannon@missutility.net. Completed forms may also be faxed to us at; 410-712-0062.

Maryland Owner-Members, please be mindful of Maryland State Law, Title 12-123 (b) (2) – An owner-member shall ensure that all contact information provided to the one-call system remains current.